# Kentucky Secretary of State TREY GRAYSON

Division of Corporations
BUSINESS FILINGS

P.O. Box 718
Frankfort, KY 40602
(502) 564-2848
http://www.sos.ky.gov/

Application for Amended
Certificate of Authority
Foreign Business Trust

Pursuant to the provisions of KRS Chapter 386, the undersigned hereby applies for an amended application of certificate of authority on behalf of the business trust named below and for that purpose submits the following statements:

| 1.   | The name of the business trust is   |                                   |           |  |
|--|---|-----------------------------------|-----------|--|
| 2.   | The business trust filed holds a certificate of authority to transact business in Kentucky date |                                   |           |  |
| 3. The business trust has changed its (check all that apply) |   |                                   |           |  |
|  | ( ) Name to:  |                                   |           |  |
|  | ( ) The latest date on which it is to dissolve:   |                                   |           |  |
|  | ( ) Jurisdiction of organization to:  |                                   |           |  |
|  |   |                                   |           |  |
|  |   |                                   |           |  |
|  |   |                                   |           |  |
|  |   | Signature of Trustee              |           |  |
|  |   | Type or Print Name & <sup>-</sup> | <br>Title |  |
|  | 5   |                                   | 00        |  |

## **Application for Amended Certificate of Authority Foreign Business Trust**

**NAME OF BUSINESS TRUST** Use the exact name of the business trust as registered with the Secretary of State.

## STATE OF ORGANIZATION

The state of organization is the state or country under whose law the business trust is formed.

#### **QUALIFICATION DATE**

State the name that the business trust registered in Kentucky

### CHANGE OF NAME, DISSOLUTION DATE, OR JURISDICTION

State the name as changed in the state or country of organization. If the date of dissolution has changed please indicate the date. If the state or country has changed indicate the name of the state or country.

#### NUMBER OF COPIES

Submit the original signed application and one exact or conformed copy. One filed-stamped copy will be returned to the business trust as evidence of filing. One file-stamped copy must then be filed with the county clerk of the county in which the corporation's registered office is situated.

NOTE: Your file-stamped copy of shall serve as the Amended Registration of Foreign Business Trust.

#### FILING FEES

The filing fee is \$15.00.

Your check should be made payable to the "Kentucky State Treasurer".

## **MAILING ADDRESS**

Trey Grayson Secretary of State P O Box 718 Frankfort, KY 40602-0718

## OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

#### WEB SITE ADDRESS

Our home page address is http://www.sos.ky.gov

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press 1.

For further information, call (502) 564-2848, press 2 and then press 5 or try our web site.